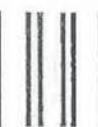


UNITED STATES POSTAL SERVICE

Oklahoma City

05 AUG '15



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

PHILL

* Sender: Please print your name, address, and ZIP+4® in this box*

Brunner Quinn

35 North Fourth Street

Suite 200

Columbus, Ohio 43215

4077

RECEIVED

AUG 06 2015

By

USPS TRACKING#



15964131590 9403 02665155837434

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeremy Dye
200 Midland Place
Logan, OH 43138



9590 9403 0266 5155 8374 34

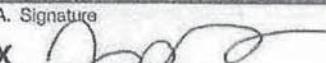
2. Article Number (Transfer from service label)



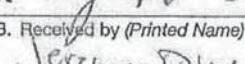
PS Form 3811, April 2015 PSN 7530-02-000

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

 Date of Delivery: 8-5-15

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7015 0640 0007 8205 6649

EXHIBIT

tabbles

LZ